

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	/						
2	/						
3	/						
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TOTAL IND.	6						
TOTAL DEP.	13	↔	↔	↔	↔		
TOTAL CLAIMS	19	██████████	██████████	██████████	██████████		

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		██████████	██████████	██████████	██████████	